going to be, not some outside party, some government bureaucrat like we saw in the stimulus plan where they set up this health care czar, literally a Federal bureaucrat that would be able to interfere with the relationship between the doctor and the patient. Definitely the wrong road to go. That is why I think it is so important that you are bringing up this point.

And I will yield for one moment.

Mr. BROUN of Georgia. If the gentleman will yield a moment, government regulation, government control—Medicare policy is driving the health care system. It is so expensive today because of government intervention in the health care decisionmaking process. Let me give you an example of how government regulation markedly increases the cost.

When I was in an office down in southwest Georgia, I had a small, automated lab. If a patient comes in to see me with a red sore throat with white patches, running a fever, coughing, runny nose, I would do a CBC to see if they had a bacterial infection and thus needed antibiotics, or had a viral infection because it looks the same. Don't need the expensive antibiotics, don't need the exposure of the antibiotics. I charge $12 for the test. It took 5 minutes to do it in my office. A totally automated lab with quality control because I wanted to make sure that the quality of the test was correct. Congress passed a bill, signed into law, called the Clinical Laboratory Improvement Act, CLIA; shut down my lab—every doctor's lab across the country. The same test, I had to send the patient over to the hospital. It took 2 to 3 hours—which I could do in 5 minutes—cost $75. Now, you think about how that increased the cost across the whole health care system. It markedly exploded the cost of all insurance to everybody, government as well as the private sector.

We have got to get the regulatory burden off the health care system. We have got to put market-based solutions in the system. And we can solve these problems, but that is exactly what we need to do.

Mr. SCALISE. And reclaiming my time, that is why these policy changes can be so dangerous because they have serious ramifications if they are not done properly.

I want to go back for a moment to Dr. ROE before we wrap up with Dr. GINGREY.

Mr. ROE of Tennessee. Thank you very much for yielding.

I think, just to kind of emphasize what Dr. BROUN said, if you like the way the government managed AIG, you are going to fall in love with a government-run health care system.

I think there are a few principles that we all ought to abide by, and I think we have, and we have discussed this tonight. One is, above all, do no harm. Eighty-five percent of people have health insurance now. We have to help control the cost.

Again, as Dr. BROUN was talking, physicians and patients should be making decisions. And every American needs access to quality, affordable health care. I think we all agree on that, and we have brought up some ideas tonight about how to do this.

An illness should not bankrupt you; you shouldn't go bankrupt because you get cancer or another serious illness, and today it does. It should be portable. We have got several ways—and we can talk about this in the future. It shouldn't just be tied to your job. And the COBRA payments now, you have to be Bill Gates to pay for it. You would have to have an affordable way to do that.

And lastly, every single person ought to make an investment, ought to have some investment. Let me give you a very quick example. Let's say a patient on the Medicaid/TennCare system in Tennessee would come to my office to be treated for a cold, as he was talking about; a perfectly rational decision because it costs nothing to do that. If you go down to the local pharmacy to get some medicine, it might cost you $15 or $20 to be treated for the same cold.

With this system right here we are talking about, exactly what happened in that graph, Dr. GINGREY, is what is going to happen to the national system; you are going to push people out of a higher quality private system into the public system that we have seen.

I had patients who had to go to Knoxville—which is 100 miles from where I live—to see an orthopedist because no one would take the Medicaid-type insurance. And I can go on and on. And we will discuss this further, obviously, as this debate goes on.

I yield back my time, Mr. SCALISE.

Mr. SCALISE. Thank you, Dr. ROE.

I would like to have Dr. GINGREY wrap up this hour that we have had a great discussion on health care.

Mr. GINGREY of Georgia. Representative SCALISE, I thank you for controlling the time, and I know we are getting very close to the end here.

But just to say we are not picking on our great neighbors to the north, Canada, or our great friends in the United Kingdom—they do wonderful things, they are wonderful people, but we don't necessarily feel that we want to adopt their health care system. And of course part of the reason is because so many Canadians come down to our country every year, they spend $1 billion annually on getting health care in the United States, so there must be a problem.

□ 2230

I think the main problem is a long cue because of rationing, and it's going to cost trillions of dollars to try to cover everybody under a single payer system, Mr. Speaker.

We Republicans, the Doctors Caucus on the Republican side, are here tonight to talk about better ways to do it and share that with all of our colleagues, Republicans and Democrats, and especially with the administration. And we hope that President Obama is listening because I know that he wants to do something to improve health care in this country. But, hopefully, we can talk him out of having a default plan that everybody morphs into a single-payer system.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 10 o'clock and 30 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 2335

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. GRAYSON) at 11 o'clock and 35 minutes p.m.

CONFERENCE REPORT ON S. CON. RES. 13, CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010

Mr. SPRATT submitted the following conference report and statement on the Senate concurrent resolution (S. Con. Res. 13) setting forth the congressional budget for the United States Government for fiscal year 2010, revising the appropriate budgetary levels for fiscal year 2009, and setting forth the appropriate budgetary levels for fiscal years 2011 through 2014:

CONFERENCE REPORT (S. CON. RES. 13)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the House to the concurrent resolution (S. Con. Res. 13), setting forth the congressional budget for the United States Government for fiscal year 2010, revising the appropriate budgetary levels for fiscal year 2009, and setting forth the appropriate budgetary levels for fiscal years 2011 through 2014, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the Senate recede from its disagreement to the amendment of the House and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the House amendment, insert the following:

SECTION 1. CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2010.

(a) DECLARATION.—Congress declares that this resolution is the concurrent resolution on the budget for fiscal year 2010 and that this resolution sets forth the appropriate budgetary levels for fiscal years 2009 and 2011 through 2014.

(b) TABLE OF CONTENTS.—The table of contents for this concurrent resolution is as follows: